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## A facsimile from

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To: Central Fax/USPTO Fax number: 571-273-8300

Date: 1/15/2008

Regarding: Revocation of Power of Attorney......

## Comments:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached correspondence: 1. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page); and 2. Statement under 37 CFR 3.73(b) (4 page) are being facsimile transmitted to the United State Patent and Trademark Office on January 8, 2008.

Signature

Shannon L. Shippie

Typed or printed name of person signing Certificate

Registration Number, if applicable

781-376-3669

Telephone Number

Approved for use through 12/31/2008, OMB 0651-0035

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| · · · · · · · · · · · · · · · · · · ·        |                               | Application N.           |                    |                    |                       |

## **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS**

| Application Number     | 09/592,813 RECEIVED      |
|------------------------|--------------------------|
| Filing Date            | 6/13/00CENTRAL FAX CENTE |
| First Named Inventor   | Piro                     |
| Art Unit               | JAN 15 2008              |
| Examiner Name          |                          |
| Attorney Docket Number | 1920/106                 |

| I hereby re                           | evoke all pi                          | revious powers of attorney given  | in the      | above-       | identified appl                      | cation     | 1                     |  |
|---------------------------------------|---------------------------------------|---|-------------|--------------|--------------------------------------|------------|-----------------------|--|
| A Por                                 | wer of Attor                          | ney is submitted herewith.  |             |              |                                      |            |                       |  |
| OR here                               | eby appoint                           | the practitioners associated with th  | ne Cusi     | tomer N      | umber:                               |            |                       |  |
| Пт                                    |                                       | e correspondence address for the a associated with umber:                         | above-i     | identified   | d application to:                    |            |                       |  |
| Firm o                                |                                       | Skyworks Solutions, Inc.  |             |              |                                      |            |                       |  |
| Address                               | lual Name                             | (Attn.: Shannon Shippie, Patent Porfolio N<br>20 Sylvan Road                      | Manager)    | )            |                                      |            |                       |  |
|                                       |                                       | 20 Sylvan Road  |             |              |                                      |            |                       |  |
| City                                  |                                       | Woburn  | State       | MA           |                                      | Zip        | 01801                 |  |
| Country                               |                                       | USA   |             | 1            |                                      | ·          |                       |  |
| Telephone                             |                                       | 781-376-3669  |             | Email        | mail shannon.shippie@skyworksinc.com |            |                       |  |
| Assig                                 | icant/Invent<br>gnee of reco          | or.<br>ord of the entire interest. See 37 CF<br>37 CFR 3.73(b) is enclosed. (Form | R 3.71      | 1.<br>SB/96) |                                      |            |                       |  |
|                                       |                                       | SIGNATURE of Applicant  | or Ass      | ignee o      | f Record                             |            |                       |  |
| Signature                             | 116                                   | T. Mar  |             |              |                                      |            |                       |  |
|                                       | Shapron L. Si                         | nippie  |             |              |                                      |            |                       |  |
| Date                                  |                                       | 1/15/08 Telep   |             |              | ephone 781-376-3669                  |            |                       |  |
| NOTE: Signatures signature is require | of all the invento<br>ed, see below*. | ors or assignees of record of the entire interest or                              | their repre | esentative(s | ) are required. Submit               | multiple f | orms if more than one |  |
| Total of                              | 1 <u>2</u> fo                         | orms are submitted.   |             | 11           | ****                                 |            |                       |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/S8/96 (01-08)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: Skyworks Solutions, Inc. Filed/Issue Date: \_3/22/05 Application No./Patent No.: 6871056 Entitled: Passive Galun FET Mixer Skyworks Solutions, Inc. ...Corporation. (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) states that it is: 1. 🕡 the assignee of the entire right, title, and interest; or 2. an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is\_ in the patent application/patent identified above by virtue of either. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_, Frame \_ \_\_, or for which a copy thereof is attached. OR B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows: 1. From: Inventors To: Alpha Industries, Inc. \_, Frame , or for which a copy thereof is attached. 2. From: Alpha Industries, Inc. To: Skyworks Solutions, Inc. The document was recorded in the United States Patent and Trademark Office at Reel 1417 d. Frame 0536, or for which a copy thereof is , or for which a copy thereof is attached. 3. From: To: The document was recorded in the United States Patent and Trademark Office at Reel \_, Frame \_ \_, or for which a copy thereof is attached. Additional documents in the chain of title are listed on a supplemental sheet. As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.081 The undersigned (whose/litte is supplied below) is authorized to act on behalf of the assignee. Signature Shannon L. Shippie 781-376-3669 Printed or Typed Name Telephone Number Patent Portfolio Manager

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Title

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